AMENDMENTS TO THE CLAIMS

Please amend Claim 43 as noted below.

1-42. (Cancelled)

43. (Currently Amended) A method of treating a patient, comprising the steps of:

providing a gastrointestinal sleeve, having a proximal end, a distal end, and a lumen extending therethrough;

transesophageally advancing the sleeve to position the proximal end adjacent an attachment site near the gastroesophageal junction;

advancing the distal end through the stomach and into the intestine; and

attaching the proximal end at the attachment site without creating a serosal to serosal bond, such that the sleeve is configured to deliver food from the esophagus directly into the intestine;

wherein the attaching the proximal end step comprises anchoring ~~using~~ at least one tissue anchor having a proximal end and a distal end, said anchoring comprising changing the distal end of the tissue anchor ~~configured to have~~ from a transversely reduced configuration ~~for~~ used while passing transmurally through the attachment site ~~and~~ to a transversely enlarged configuration used after passing transmurally through the attachment site, wherein the distal end of the tissue anchor includes a proximally facing surface which rests against a serosal surface to retain the sleeve, and wherein the enlarged configuration of the tissue anchor is transversely larger than any transverse portion of the tissue anchor when the tissue anchor is passing transmurally through the attachment site in the reduced configuration.

44. (Previously Presented) A method of treating a patient as in Claim 43, further comprising the additional step of implanting a support at the site, for linking the proximal end of the sleeve to the site.

45. (Previously Presented) A method of treating a patient as in Claim 44, wherein the support is implanted in the same procedure as the sleeve.

46. (Previously Presented) A method of treating a patient as in Claim 44, wherein the support is implanted in a first procedure and the sleeve is attached to the support in a second procedure.

47. (Previously Presented) A method of treating a patient as in Claim 43, wherein the advancing the distal end step comprises advancing the distal end at least as far as the ligament of Treitz.

48. (Previously Presented) A method of treating a patient as in Claim 43, wherein the advancing the distal end step comprises advancing the distal end distally of the duodenum.

49. (Previously Presented) A method of treating a patient as in Claim 43, wherein the advancing the distal end step comprises advancing the distal end into the jejunum.

50. (Previously Presented) A method of treating a patient as in Claim 43, wherein the attaching the proximal end step comprises using a suture.

51. (Cancelled)

52. (Previously Presented) A method of treating a patient as in Claim 43, wherein the tissue anchor comprises a "T" tag.

53. (Cancelled)

54. (Previously Presented) A method of treating a patient as in Claim 44, wherein the support comprises a tubular cuff.

55. (Previously Presented) A method of treating a patient as in Claim 54, comprising attaching the cuff at the site with at least one transmural anchor.

56 (Previously Presented) A method of treating a patient as in Claim 43, wherein the sleeve is at least about 50 cm in length.

57. (Previously Presented) A method of treating a patient as in Claim 43, wherein the sleeve is at least about 75 cm in length.

58. (Previously Presented) A method of treating a patient as in Claim 43, wherein the sleeve is at least about 125 cm in length.

59. (Previously Presented) A method of treating a patient as in Claim 56, wherein the sleeve is sufficiently flexible that material traveling through the sleeve is influenced by the natural operation of the pylorus.

60. (Previously Presented) A method of treating a patient as in Claim 54, wherein the sleeve is removably attached to the cuff.

61. (Previously Presented) A method of treating a patient as in Claim 54, wherein the sleeve is permanently attached to the cuff.

62. (Withdrawn) A method of treating a patient as in Claim 43, wherein the advancing the distal end step comprises everting the sleeve.

63. (Withdrawn) A method of treating a patient as in Claim 43, comprising advancing an introducer through the patient's pylorus.

64. (Withdrawn) A method of treating a patient as in Claim 63, comprising everting the sleeve from the introducer into the intestine.

65. (Withdrawn) A method of treating a patient as in Claim 43, wherein the method is accomplished using a purely peroral approach.

66. (Withdrawn) A method of treating a patient as in Claim 43, wherein the method is accomplished using a peroral approach assisted by a laparoscopic approach.

67. (Withdrawn) A method of treating a patient as in Claim 54, wherein the advancing the distal end step comprises everting the sleeve.

68. (Withdrawn) A method of treating a patient as in Claim 54, comprising advancing an introducer through the patient's pylorus.

69. (Withdrawn) A method of treating a patient as in Claim 68, comprising everting the sleeve from the introducer into the intestine.

70. (Withdrawn) A method of treating a patient as in Claim 54, wherein the method is accomplished using a purely peroral approach.

71. (Withdrawn) A method of treating a patient as in Claim 54, wherein the method is accomplished using a peroral approach assisted by a laparoscopic approach.

72. (Previously Presented) A method of treating a patient as in Claim 43, wherein the transversely enlarged configuration is achieved by expanding the anchor after passing through the serosal tissue.

73. (Previously Presented) A method of treating a patient as in Claim 43, wherein the transversely enlarged configuration is achieved by flexing a portion of the anchor after passing through the serosal tissue.

74. (Withdrawn) A method of treating a patient as in Claim 43, further comprising the step of visualizing the passage of ingested radiopaque material through the sleeve.

75. (Withdrawn) A method of treating a patient as in Claim 43, further comprising the step of applying antegrade tension on the sleeve by coupling the sleeve to peristaltic motion.